

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		4-18-01
O.I.P.E. CLASSIFIER	KW		571101
FORMALITY REVIEW	H-L	1079	06/14/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ..... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12-22-01
2	✓	✓	10-22-01
3	✓		07-28-01
4	✓		
5	✓		
6	✓		
7	✓		
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45	✓		
46	✓		
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	✓	12-22-01
52	✓	✓	12-20-01
53	✓		
54	✓		
55	✓		
56	✓		
57	✓		
58	✓		
59	✓		
60	✓		
61	✓	✓	12-22-01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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